

# American Red Cross

## LANDLORD VERIFICATION

Date \_\_\_\_\_

This is to introduce the family of \_\_\_\_\_ who need housing as a result  
(Print name(s) from Form 901)  
of DR # \_\_\_\_\_  
(Name of Disaster)

**NOTE: THIS FORM IS NOT AN AUTHORIZATION, COMMITMENT, OR CONTRACT FOR RENT.**

The American Red Cross is considering assisting this family with its rental needs and requests your help in obtaining the following information on the dwelling the family is considering.

- House ☐ Apartment ☐ Mobile Home ☐ Room ☐ (Please check one.)
- Furnished ☐ Unfurnished ☐ (Please check one.)
- Major appliances included are— (Please check all that apply. Indicate any that are shared, such as in a laundry room.)  
Stove ☐ Refrigerator ☐ Washer ☐ Dryer ☐
- Utilities included are—  
Gas ☐ Electric ☐ Water ☐ (Please check all that apply.)
- Rent is \$ \_\_\_\_\_ per month
- Security deposit is \$ \_\_\_\_\_ The Red Cross requests that the security deposit be waived whenever possible.

• Location of rental property \_\_\_\_\_  
Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City, State, and Zip \_\_\_\_\_

• Landlord information \_\_\_\_\_  
Name/Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, and Zip \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone No. \_\_\_\_\_

The Red Cross uses *Disbursing Orders* (DOs) for its disaster expenditures. Would you be willing to accept a DO, which you would sign and submit to the Red Cross for payment? YES ☐ NO ☐

\_\_\_\_\_  
Print Name of Person Providing Information

\_\_\_\_\_  
Signature of Person Providing Information

If you have any questions, please call the Red Cross at (\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

American Red Cross Form 6615 (7/90)